

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Stirneman, Audrey Marie			Name of Joint Debtor (Spouse) (Last, First, Middle):												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): AKA Audrey Marie Huddleston; FKA Audrey Marie Huddleston			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-7853			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)												
Street Address of Debtor (No. and Street, City, and State): 300 Buckingham Drive Algonquin, IL <div style="text-align: right; font-size: small;">ZIP Code 60102</div>			Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>												
County of Residence or of the Principal Place of Business: Mchenry			County of Residence or of the Principal Place of Business:												
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>												
Location of Principal Assets of Business Debtor (if different from street address above):															
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.											
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999			<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000				
Estimated Assets <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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B1 (Official Form 1)(1/08)

Page 2

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Stirneman, Audrey Marie**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

Timothy Stirneman**09-B-20315****6/03/09**

District:

Relationship:

Judge:

Northern District of Illinois**Husband****Schmetterer****Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

☒ **/s/ "Doc" Elliot Pollock****November 24, 2009**

Signature of Attorney for Debtor(s)

(Date)

"Doc" Elliot Pollock**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☒ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Stirneman, Audrey Marie

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Audrey Marie Stirneman

Signature of Debtor **Audrey Marie Stirneman**

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

November 24, 2009

Date

Signature of Attorney*

X /s/ "Doc" Elliot Pollock

Signature of Attorney for Debtor(s)

"Doc" Elliot Pollock 6195119

Printed Name of Attorney for Debtor(s)

The "Doc" Elliot Pollock Law Practice

Firm Name

**P.O. Box A-3220
Chicago, IL 60690-3220**

Address

Email: **pollocklaw@sbcglobal.net**

312 357 1860 Fax: 312 357 6765

Telephone Number

November 24, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re Audrey Marie Stirneman

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Audrey Marie Stirneman
Audrey Marie Stirneman

Date: November 24, 2009

Certificate Number: 03788-ILN-CC-009059846

CERTIFICATE OF COUNSELING

I CERTIFY that on November 18, 2009, at 4:05 o'clock PM EST,

Audrey Stirneman received from

Alliance Credit Counseling, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: November 18, 2009

By /s/April Thomas

Name April Thomas

Title Accredited Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court
Northern District of Illinois

In re **Audrey Marie Stirneman**,
Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,805,680.00		
B - Personal Property	Yes	4	41,415.58		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	3		3,965,078.17	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		93,623.11	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	34		5,652,266.32	
G - Executory Contracts and Unexpired Leases	Yes	2			
H - Codebtors	Yes	21			
I - Current Income of Individual Debtor(s)	Yes	1			4,934.60
J - Current Expenditures of Individual Debtor(s)	Yes	2			7,602.00
Total Number of Sheets of ALL Schedules		73			
Total Assets			1,847,095.58		
Total Liabilities				9,710,967.60	

United States Bankruptcy Court
Northern District of Illinois

In re **Audrey Marie Stirneman**,
Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence: single family home Location: 300 Buckingham Dr. Algonquin, IL 60102		-	350,000.00	426,555.49
Other: dental office in a condo setting Location: 1452 Merchant Dr. Algonquin, IL 60102 Owned by T & A Holdings, LLC	Fee simple	-	1,440,000.00	2,660,640.73
Other: Disney vacation time share at Saratoga Springs Resort, Disney World, FL Location: Disney Vacation Development, Inc. 200 Celebration Place Celebration, FL 34747 Owned jointly with Dr. Timothy Stirneman	Time Share	-	15,680.00	24,692.68

Sub-Total > **1,805,680.00** (Total of this page)

Total > **1,805,680.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash: cash and coins Location: house	-	50.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Bank Account: Personal checking account at Home State Bank Location: Home State Bank 40 Grant St Crystal Lake, IL 60014	-	62.15
		Bank Account: Personal savings account at Home State Bank Location: Home State Bank 40 Grant St Crystal Lake, IL 60014	-	28.43
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Furniture: Living room set approx 10 yrs old, Bedroom set approx 7 yrs old	-	375.00
		Appliances: Subzero reffridgerator 12 yrs old, Freezer 2 yrs old, Maytag washer and dryer 7 yrs old, Vacuum cleaner 4 yrs old	-	500.00
		Household: Kitchen pots, pans, dishes, and utensils	-	100.00
		Audio-Video: 2 small flat screen tvs, one TV is 1 yr old and the other is 5 yrs old	-	250.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books-Music: Movies on DVD	-	300.00
6. Wearing apparel.		Clothes: basic casual and business wardrobe for all seasons (no furs or luxury items)	-	1,000.00

Sub-Total > **2,665.58**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.		Sports-Hobby: Arts and crafts supplies, scrapbooking supplies	-	50.00
		Musical: Flute approx 25 yrs old	-	100.00
		Sports-Hobby: Bike, 10 speed approx 5 yrs old	-	50.00
		Sports-Hobby: Lawn power tools: lawnmower 2 yrs old, leaf blower 1 yr old, tiller 10 yrs old, Garden hand tools, various	-	250.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Other: I own 60% of our shared practice, All Smiles Dental P.C. Location: 1452 Merchant Drive, Algonquin, IL 60102	-	Unknown
		Other: 100% shareholder of Algonquin Smiles, P.C. Location: 785 S Randall Road, Algonquin, IL 60102	-	Unknown
		50% owner of T & A Holdings, LLC	-	Unknown
		50% owner of T & A Leasing, LLC	-	Unknown
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			

Sub-Total > **450.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		All Smiles Dental, P.C. and Dr. Timothy Stirneman owe reimbursement for misapplied insurance payments for services rendered by debtor	-	3,000.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2009 Toyota Rav 4	-	35,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
Sub-Total > (Total of this page)				38,000.00

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Animals: Cat, domestic short hair	-	50.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Other: Various hand tools, power saw, hand drill	-	250.00

Sub-Total > **300.00**
(Total of this page)
Total > **41,415.58**

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Residence: single family home Location: 300 Buckingham Dr. Algonquin, IL 60102	735 ILCS 5/12-901	0.00	350,000.00
Cash on Hand			
Cash: cash and coins Location: house	735 ILCS 5/12-1001(b)	50.00	50.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Bank Account: Personal checking account at Home State Bank Location: Home State Bank 40 Grant St Crystal Lake, IL 60014	735 ILCS 5/12-1001(b)	62.15	124.30
Bank Account: Personal savings account at Home State Bank Location: Home State Bank 40 Grant St Crystal Lake, IL 600014	735 ILCS 5/12-1001(b)	28.43	56.86
Household Goods and Furnishings			
Furniture: Living room set approx 10 yrs old, Bedroom set approx 7 yrs old	735 ILCS 5/12-1001(b)	375.00	750.00
Appliances: Subzero reffridgerator 12 yrs old, Freezer 2 yrs old, Maytag washer and dryer 7 yrs old, Vacuum cleaner 4 yrs old	735 ILCS 5/12-1001(b)	500.00	1,000.00
Household: Kitchen pots, pans, dishes, and utensils	735 ILCS 5/12-1001(b)	100.00	100.00
Audio-Video: 2 small flat screen tvs, one TV is 1 yr old and the other is 5 yrs old	735 ILCS 5/12-1001(b)	250.00	250.00
Books, Pictures and Other Art Objects; Collectibles			
Books-Music: Movies on DVD	735 ILCS 5/12-1001(b)	300.00	300.00
Wearing Apparel			
Clothes: basic casual and business wardrobe for all seasons (no furs or luxury items)	735 ILCS 5/12-1001(a)	0.00	1,000.00
Firearms and Sports, Photographic and Other Hobby Equipment			
Sports-Hobby: Arts and crafts supplies, scrapbooking supplies	735 ILCS 5/12-1001(b)	50.00	50.00
Musical: Flute approx 25 yrs old	735 ILCS 5/12-1001(b)	100.00	100.00
Sports-Hobby: Bike, 10 speed approx 5 yrs old	735 ILCS 5/12-1001(b)	50.00	50.00

1 continuation sheets attached to Schedule of Property Claimed as Exempt

B6C (Official Form 6C) (12/07) -- Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT
(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Sports-Hobby: Lawn power tools: lawnmower 2 yrs old, leaf blower 1 yr old, tiller 10 yrs old, Garden hand tools, various	735 ILCS 5/12-1001(b)	250.00	500.00
<u>Animals</u>			
Animals: Cat, domestic short hair	735 ILCS 5/12-1001(b)	50.00	50.00
<u>Other Personal Property of Any Kind Not Already Listed</u>			
Other: Various hand tools, power saw, hand drill	735 ILCS 5/12-1001(b)	250.00	250.00

B6D (Official Form 6D) (12/07)

In re **Audrey Marie Stirneman**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxx7602	X	-	unknown				5,047.77	Unknown
American National Bank of DeKalb County 124 South Main Street Sycamore, IL 60178			Vehicle Loan to Tim Stirneman travel trailer					
			Value \$ Unknown					
Account No. xxx-xxxx-xxxxxxx-xxxx-xx0001	X	-	9/2007-9/2009				2,660,640.73	0.00
Charter One Bank 1215 Superior Ave. Cleveland, OH 44114-3299			Mortgage for dental office Other: dental office in a condo setting Location: 1452 Merchant Dr. Algonquin, IL 60102 Owned by T & A Holdings, LLC					
			Value \$ 2,880,000.00					
Account No. xxxxxxx & xxxx2657	X	-	unknown				23,185.73	Unknown
DeLage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087			Other Loan for dental office for All Smiles Dental P.C. at 1452 Merchant Dr., Algonquin, may be secured by property at that location					
			Value \$ Unknown					
Account No. xxxxxxx4808	X	-	8/2005				24,692.68	Unknown
DVCMC Association Manager PO Box 277090 Atlanta, GA 30384			Other Loan with Dr. Timothy Stirneman Other: Disney vacation time share at Saratoga Springs Resort, Disney World, FL Location: Disney Vacation Development, Inc. 200 Celebration Place		X			
			Value \$ 31,360.00					
Subtotal (Total of this page)							2,713,566.91	0.00

2

continuation sheets attached

2 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Audrey Marie Stirneman,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxx0461	X	-	12/2006				221,972.59	Unknown
OFC Capital Corporation 576 Colonial Park Dr., #200 Roswell, GA 30075			Other Loan All Smiles Dental loan for office technology, CEREC machine that is still at 1452 Merchant Dr location, filing cabinets					
			Value \$ Unknown					
Account No. xx0905	X	-	unknown				48,121.05	Unknown
Royal Bank America Leasing 550 Township Line Rd. #425 Blue Bell, PA 19422			Other Loan loan for audio-visual equipment for All Smiles Dental location at 1452 Merchant Dr., Algonquin					
			Value \$ Unknown					
Account No. xxxxxx1423	X	-	2009 Toyota Rav 4				35,710.51	710.51
Toyota Financial Services P.O. Box 8026 Cedar Rapids, IA 52409-8026								
			Value \$ 35,000.00					
Account No. xxxxxxxxx2000	X	-	9/2006				91,151.62	Unknown
US Bank Healthcare Finance Services 1310 Madrid St. #105 Marshall, MN 56258			Other Loan loan to purchase dental equipment including 11 sets of dental chairs for All Smiles Dental at 1452 Merchant Dr., Algonquin					
			Value \$ Unknown					
Account No. xxxxxx2757	-		unknown		X		92,427.79	92,427.79
Wells Fargo Bank, NA PO Box 4233 Portland, OR 97208-4233			Home Mortgage 2nd (home equity loan) Residence: single family home Location: 300 Buckingham Dr. Algonquin, IL 60102					
			Value \$ 350,000.00					
Subtotal							489,383.56	93,138.30
(Total of this page)								

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx0341	X	-	9/2009					
Wells Fargo Bank, NA 121 S. Market Street, 6th Floor San Jose, CA 95113-2209			Other Loan					
loan for dental practice d/b/a Algonquin Smiles, P.C.								
			Value \$ Unknown				428,000.00	Unknown
Account No. xxxxxx3473	-	-	9/1997- present		X			
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306			Home Mortgage 1st					
Residence: single family home Location: 300 Buckingham Dr. Algonquin, IL 60102								
			Value \$ 350,000.00				334,127.70	334,127.70
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							762,127.70	334,127.70
Total (Report on Summary of Schedules)							3,965,078.17	427,266.00

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6E (Official Form 6E) (12/07)

In re **Audrey Marie Stirneman**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re **Audrey Marie Stirneman**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. xxxxx3150			tax year 2008 (married filing separately)					
Illinois Department of Revenue PO Box 19006 Springfield, IL 62794-9006		-	Income Tax This bill will probably be recalculated once I refile my federal tax return for 2008.				2,750.44	0.00
							2,750.44	2,750.44
Account No. xxxxx3437			Tax years 2006 (married filing jointly)					
Illinois Department of Revenue PO Box 19006 Springfield, IL 62794-9006	X	-	Income Tax joint state tax debt for 2006				900.06	0.00
							900.06	900.06
Account No. xxxxx3437			Tax yr 2007 (married filing jointly)					
Illinois Department of Revenue PO Box 19006 Springfield, IL 62794-9006	X	-	Income Tax joint state tax debt for 2007				5,239.83	0.00
							5,239.83	5,239.83
Account No. xxx-xx-4893			Tax Year 2006 (married filing jointly)					
Internal Revenue Service PO Box 9019 Holtsville, NY 11742-9019	X	-	Income Tax Jointly filed personal income taxes for 2006				3,484.26	0.00
							3,484.26	3,484.26
Account No. xxx-xx-4893			Tax Year 2007 (married filing jointly)					
Internal Revenue Service PO Box 9019 Holtsville, NY 11742-9019	X	-	Income Tax Jointly filed personal income tax for year 2007.				44,808.03	0.00
							44,808.03	44,808.03
Subtotal								0.00
(Total of this page)							57,182.62	57,182.62

Sheet **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (12/07) - Cont.

In re Audrey Marie Stirneman
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. xx-xxx8332 Internal Revenue Service Cincinnati, OH 45999-0039	X	-	Tax year 2006 (married filing jointly) Income Tax Income taxes for jointly held T&A Holdings, LLC.				501.92	0.00
								501.92
Account No. xx-xxx8332 Internal Revenue Service Cincinnati, OH 45999-0039	X	-	tax year 2007 (married filing jointly) Income Tax Income taxes for jointly held T&A Holdings, LLC for year 2007.				1,194.57	0.00
								1,194.57
Account No. xxx-xx-7853 Internal Revenue Service PO Box 9019 Holtsville, NY 11742-9019		-	Tax year 2008 (married filing separately) Income Tax Personal income taxes due for 2008, I filed married but separately.				34,744.00	0.00
								34,744.00
Account No. McHenry County Treasurer Government Center 2200 N. Seminary Avenue Woodstock, IL 60098	X	-	Tax years 2007, 2008, 2009 Property Tax Taxes are probably due for the location of 1452 Merchant Drive, Algonquin for the above tax years. T&A Holdings LLC is probably the account name.				0.00	0.00
Account No.								

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

0.00
36,440.49

Total
(Report on Summary of Schedules)

0.00
93,623.11

B6F (Official Form 6F) (12/07)

In re **Audrey Marie Stirneman**, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxx2810 AAA Insurance PO Box 660830 Dallas, TX 75266-0830		-	Dec 2009 to Jun 2010 Other Bill Current personal auto insurance				958.50
Account No. All Smiles Dental Abrix Group, LP 3400 Dundee Road, Suite 200 Northbrook, IL 60062	X	-	Other Bill All Smiles Dental consultant services	X	X		Unknown
Account No. xxx9289 Ace Surgical Supply 1034 Pearl Street PO Box 1710 Brockton, MA 02303	X	-	Other Bill All Smiles Dental dental supplies	X	X		Unknown
Account No. xxxxxxxx xx. xx216.B ADR Systems 123 W. Madison, 22nd Floor Chicago, IL 60602		-	4/24/2009 Other Bill legal fees				2,106.25
Subtotal (Total of this page)							3,064.75

33 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C						
Account No. xxxxx xxxxx1376	X	-	10/2009 Other Bill security services for Algonquin Smiles				482.87	
ADT Security Systems, Inc PO Box 371967 Pittsburgh, PA 15250-7967								
Account No.	X	-	Other Bill Insurance refund				580.00	
Allied Benefits Systems, Inc 208 S. LaSalle St Suite 1300 Chicago, IL 60604								
Account No. x-xxxx-xxx5122	X	-	Other Bill All Smiles Dental waste services	X	X		Unknown	
Allied Waste Services 1330 Gasket Drive Elgin, IL 60120								
Account No.	X	-	9/2009-11/2009 Other Bill dental office construction costs				6,800.00	
Andrews Construction 880 E. Oak St. Ste. 2 Lake in the Hills, IL 60156								
Account No.	X	J	Other Bill patient credit from All Smiles Dental				535.00	
Angel Phelps 896 Bennington Crystal Lake, IL 60015								
Sheet no. <u>1</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			8,397.87	

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Other Bill patient credit from All Smiles Dental				
Angie Corrado 19N175 W Woodview Parkway Hampshire, IL 60140	X J					512.20
Account No. xxx xxx-xxxx 859 6		11/2009 Utility Bill phone service for Algonquin Smiles				
AT&T PO Box 8100 Aurora, IL 60507-8100	X -					375.80
Account No. xxxxx8522		10/2009-11/2009 Utility Bill cell phone service				
AT&T PO Box 6428 Carol Stream, IL 60197-6428	-					198.59
Account No. xxx xxx-xxxx 165 0		10/2009 Utility Bill home phone service				
AT&T PO Box 8100 Aurora, IL 60507-8100	-					51.83
Account No. xxxxxxxxxxxx9804		unknown Credit Card credit card that is a personal account but has always been used for business expenses, almost all charges are All Smiles Dental debts				
Bank of America PO Box 15026 Willmington, DE 19850-5026	-					26,152.04
Sheet no. <u>2</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						27,290.46

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxx & xxxx8482	X	-	Other Bill expenses for dental equipment and dental supplies for All Smiles Dental				Unknown
Benco Dental 11 Bear Creek Blvd. PO Box 1108 Wilkes-Barre, PA 18773-1108							
Account No. xxxx3570	X	-	10/2009 Other Bill dental supplies for Algonquin Smiles				6,067.44
Benco Dental 11 Bear Creek Blvd. PO Box 1108 Wilkes- Barre, PA 18773-1108							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				260.00
Berrel Cook 258 Charlotte Ct. Cary, IL 60013							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				388.30
Bob Cozza 1130 Greenridge Algonquin, IL 60102							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				4,593.60
Bob Rohde 325 Tecumseh Tr. Apt. 110 LITH, IL 60156							
Sheet no. 3 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			11,309.34

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. unknown	X	-	9/2007 Other Loan various purposes, some for down payment on property at 1452 Merchant Dr., possible working capital and possible use to pay expenses incurred in the build out of the All Smiles Dental office				613,000.00
Briarwood Office Center II 1005 Alexander Ct., Unit F Cary, IL 60013							
Account No. All Smiles Dental	X	-	2007-2009 Other Bill CAM for 1452 Merchant Drive				15,656.00
Briarwood Office Center II, LLC 1005 Alexander Court Unit F Cary, IL 60013							
Account No.	-	-	2007 other: condominium fees	X	X		Unknown
Briarwood Office Center Master Asso 1005 Alexander Ct., Unit F Cary, IL 60013							
Account No. xxxxx3258	X	-	10/2009 Other Bill current home security				30.99
Broadview Security PO Box 70834 Charlotte, NC 28272-0834							
Account No.	-	-	6/2008-10/2009 Other Bill legal fees				13,285.83
Bush & Heise 1300 S. Grove Ave. Suite 104-A Barrington, IL 60010							
Sheet no. <u>4</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							641,972.82
Subtotal (Total of this page)							641,972.82

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				225.00
Candace Schumacher 830 Fox Run Lane Algonquin, IL 60102							
Account No. xxxxxxxx3386		-	Opened 6/01/00 Last Active 10/19/09 CreditCard				694.00
Capital 1 Bank Attn: C/O TSYS Debt Management Po Box 5155 Norcross, GA 30091							
Account No. xxxxxxxx3218		-	Opened 6/01/00 Last Active 10/19/09 CreditCard				461.00
Capital 1 Bank Attn: C/O TSYS Debt Management Po Box 5155 Norcross, GA 30091							
Account No. xxxxxxxxxxxx4986		-	unknown Credit Card credit card				461.39
Capital One PO Box 30285 Salt Lake City, UT 84130-0285							
Account No. xxxxxxxxxxxx2531		-	unknown Credit Card credit card				694.42
Capital One PO Box 30285 Salt Lake City, UT 84130-0285							
Sheet no. <u>5</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,535.81

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx7645	X	-	Other Bill All Smiles Dental gas services				Unknown
Carbonic Gas Service, Inc. 32570 Genoa Rd. Genoa, IL 60135				X			
Account No. xxx-xxxx-xxxxxxx-xxxx-xxx0001	X	-	9/2007-9/2009 Other Lawsuit Judgment for foreclosure and sale of property at 1452 Merchant Drive, Algonquin, IL 60102. McHenry Co. case no. 08 CH 1497. (Also listed on Schedule D)				2,660,640.73
Charter One Bank 1215 Superior Ave. Cleveland, OH 44114-3299							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				254.00
Chevy O'Brien 550 Tenby Way Algonquin, IL 60102							
Account No. xxxx5927	-		10/2009 Other Bill current home newspaper service				15.92
Chicago Tribune PO Box 900157 Louisville, KY 40290-1157							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				467.75
Chris McArdle 240 Terramere Lane LITH, IL 60156							
Sheet no. <u>6</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			2,661,378.40

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Chrissy Lieber 355 Menon Drive Cary, IL 60013	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				231.80
Account No. xxxx xx xxx xxx8897							
Comcast Cable PO Box 3001 Southeastern, PA 19398-3001	-		10/2009 Utility Bill current home cable service				176.64
Account No. x0037							
Comcast Spotlight O'Hare Plaza 1 8745 West Higgins Road, 4th Floor Chicago, IL 60631	X	-	4/2008-4/2009 Other Bill All Smiles Dental tv commerical contract				12,665.72
Account No. xxxxxx3041							
ComEd PO Box 6112 Carol Stream, IL 60197-6112	X	-	Utility Bill electrical service for All Smiles Dental at 1452 Merchant Dr., Algonquin				15,527.13
Account No. xxxxxx3042							
ComEd PO Box 6111 Carol Stream, IL 60197-6111	-		10/2009 Utility Bill Current personal electric bill				104.12
Sheet no. <u>7</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							28,705.41

Case No. _____

Best Case Bankruptcy

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Other Bill patient credit from All Smiles Dental				
David Rooney 4731 Bordeaux dr. LITH, IL 60156	X	-					713.00
Account No.			Other Bill patient credit from All Smiles Dental				
David Schacherer 2101 Litchfield Ct LITH, IL 60156	X	-					352.20
Account No. xxxxxx7645			Other Bill All Smiles Dental instrument services				
Dental USA 5005 McCullom Lake Rd. McHenry, IL 60050	X	-			X		Unknown
Account No. All Smiles By Dr Audrey			9/2009 Other Bill advertising for Algonquin Smiles				
Denver Advertising 14 Inverness Dr. East Ste A218 Englewood, CO 80112	X	-					1,000.00
Account No.			2008 possible unpaid FICA taxes for All Smiles Dental, P.C. 2008				
Department of Treasury Internal Revenue Service Cincinnati, OH 45999-0005	X	-		X	X	X	Unknown
Sheet no. <u>9</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							2,065.20

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx7142	X -		Other Bill All Smiles Dental yellow pages advertising				12,294.91
DEX Yellow Pages 8519 Innovation Way Chicago, IL 60682-0085							
Account No. xxxxx6605	X -		Utility Bill All Smiles Dental cable TV service		X		Unknown
DirecTV Business Service Center PO Box 5392 Maimi, FL 33152-5392							
Account No. xxxxxxxxxxxxx7515	X -		Utility Bill All Smiles Dental cable TV service		X		Unknown
Dish Network Dept 0063 Palatine, IL 60055-0063							
Account No.	X -		Other Bill patient credit from All Smiles Dental				478.50
Donna Armstrong-Lowe 4010 Spring Lake Ct LITH, IL 60156							
Account No.	X -		Other Bill patient credit from All Smiles Dental				1,584.00
Donna Jendruczek 1127 N River Rd Algonquin, IL 60102							
Sheet no. <u>10</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			14,357.41

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Other Bill patient credit from All Smiles Dental				
Doug Filer 3272 Oak Knoll Road Carpentersville, IL 60010	X	-					338.80
Account No. xxxxxxxxxx0004			Opened 3/01/00 Last Active 12/01/02 Lease				
Dvi Fin Svc 707 Skokie Blvd Northbrook, IL 60062	-						Unknown
Account No. xxxxxxxxxx0003			Opened 3/01/00 Last Active 12/01/02 Lease				
Dvi Fin Svc 707 Skokie Blvd Northbrook, IL 60062	-						Unknown
Account No. xxx7889			12/2007-2/2008 Medical Bill medical bills				
Elgin Internal Medical Associates 745 Fletcher Drive Elgin, IL 60123	-						500.00
Account No. xxxxNEM2			10/2009 Other Bill current lab expenses for Algonquin Smiles				
Experience Dental Studio 239 North 290 West Lindon, UT 84042	X	-					830.84
Sheet no. <u>11</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,669.64

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxB001	X -		services through 4/2009 Other Bill joint accountant with husband for business accountant for All Smiles Dental, the amount claimed is the amount due for us jointly for their services				5,415.16
FGMK, LLC 2801 Lakeside Drive, Third Floor Bannockburn, IL 60015							
Account No. xx3963	X -		10/2009 Other Bill current operating expense for Algonquin Smiles, PC				778.87
Filterfresh, Inc 1500 East Higgins Road, Unit D Elk Grove Village, IL 60007							
Account No. xx1427	X -		Other Bill coffee service for All Smiles Dental				451.94
Filterfresh, Inc 1500 East Higgins Road, Unit D Elk Grove Village, IL 60007							
Account No. x1811	X -		Utility Bill All Smiles Dental security service				Unknown
Fox Valley Fire and Safety 2730 Pinnacle Drive Elgin, IL 60124							
Account No.	X -		Other Bill patient may have credit for dental work done at All Smiles Dental				398.00
George Ristoff 1240 Schiedler Batavia, IL 60510							
Sheet no. <u>12</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			7,043.97

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			10/19/2009				
Geraldine Ann Sim 113 Boulder Dr. Lake in the Hills, IL 60156		-	Family Loan my Mom paid for my 2008 property taxes on her American Express card, I will be making the monthly payments starting in December 2009 until paid				10,444.31
Account No.			Other Bill patient credit from All Smiles Dental				
Gisele Garcia 1301 Tyler Lane Elgin, IL 60123	X	-					2,800.00
Account No. xxxx xxxxxxxxxx #6965			5/2008-7/2008				
Gitlin, Busche & Stetler 111 Dean Street Woodstock, IL 60098		-	Other Lawsuit Judgement for past due legal fees. McHenry Co. case no 08 SC 4189.				10,000.00
Account No. xxxxxx0002			7/2009				
Greater Elgin Emergency Services PO Box 5940 Dept 20-1105 Carol Stream, IL 60197-5940		-	Medical Bill medical services				64.00
Account No.			Other Bill patient may have credit for dental work done at All Smiles Dental				
Haydee Lopriore 2921 Baldwin Lane LITH, IL 60156	X	-					291.30
Sheet no. <u>13</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 23,599.61

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx6924	X	-	10/2009				537.04
Henry Schein 135 Duryea Road Melville, NY 11747			Other Bill current dental supplies				
Account No. All Smiles Dental	X	-	Other Bill All Smiles Dental plumbing services for 1452 Merchant Dr., Algonquin				Unknown
Heritage Plumbing 2116 Stonington Avenue Hoffman Estates, IL 60195							
Account No. 103	X	-	Other Bill All Smiles Dental christmas party expenses				Unknown
Holiday Inn 495 Airport Road Elgin, IL 60123							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				607.78
Holly Krebs 11525 Heritage Lane Huntley, IL 60142							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				342.00
Hubert Esser 1386 Parkridge Crystal Lake, IL 60014							
Sheet no. <u>14</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,486.82

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxS058	X	-	Other Bill All Smiles Dental water service		X		Unknown
Ice Mountain Water PO Box 5010 Woodland Hills, CA 91365-5010							
Account No. xx7877	X	-	10/2009 Other Bill dental supplies for Algonquin Smiles				52.59
Informis, 13055 Riley Street Holland, MI 49424							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				296.69
Ira Stroud 683 Anderson Drive LITH, IL 60156							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				666.20
James Sargent 5 Haverford Ct. Algonquin, IL 60102							
Account No.	X	-	9/2009-11/2009 Other Bill interior design fees for office		X		Unknown
Jeannie Flannery 630 S. Kenilworth Ave. Oak Park, IL 60304							
Sheet no. <u>15</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,015.48

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Other Bill patient credit from All Smiles Dental				
Jennifer Shabec 9 McKinley St LITH, IL 60156	X -						562.20
Account No.			Other Bill patient may have credit for dental work done at All Smiles Dental				
Jerry Trevino 1041 McPhee Dr. LITH, IL 60102	X -						229.70
Account No.			Other Bill patient may have credit for dental work done at All Smiles Dental				
Jim Neutz 1007 Kennedy Dr. Kirkland, IL 60146	X -						231.00
Account No.			Other Bill patient credit from All Smiles Dental				
John Leonardi 110 Millard Ave Fox River Gove, IL 60021	X -						540.30
Account No.			Other Bill patient may have credit for dental work done at All Smiles Dental				
Jorge Gomez 210 N Cross Trail McHenry, IL 60050	X -						462.50
Sheet no. <u>16</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							2,025.70

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				379.50	
Justin Canary 210 E. Algonquin Rd Algonquin, IL 60102								
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				316.00	
Ken Burrows 1841 Moorland Lane Crystal Lake, IL 60014								
Account No.	X	-	unknown Other Bill loans provided to All Smiles Dental for working capital; debtor did not have any communications with creditor regarding said loan			X	217,764.00	
Ken Stirneman 4726 Monterey Drive Winter Haven, FL 33880								
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				280.60	
Kenneth Louise 951 McPhee Dr. LITH, IL 60102								
Account No.	X	-	Other Bill patient credit from All Smiles Dental				549.80	
Kent Farbelow 1114 Cherry Street LITH, IL 60156								
Sheet no. <u>17</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	219,289.90

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				226.60
Kim fetzer 1107 Burr St LITH, IL 60156							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				511.20
Kim Flanagan Algonquin, IL 60102							
Account No. xxxx0492	X	-	Other Bill All Smiles Dental dental supplies				Unknown
Komet USA LLC 454 South Anderson Road, Suite 14 Rock Hill, SC 29730							
Account No. All Smiles Dental	X	-	Other Bill This is the property insurance for 1452 Merchant Drive.				Unknown
KZS/Blenner Insurance Agency 302 W Campbell Arlington Heights, IL 60005							
Account No. xxxxxxxxxxxxxx1534	-		Opened 10/04/04 Last Active 8/30/05 ChargeAccount				Unknown
Lane Bryant Po Box 182125 Columbus, OH 43218							
Sheet no. 18 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			737.80

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx2891 Lane Bryant Retail/soa 450 Winks Ln Bensalem, PA 19020		-	Opened 10/01/04 Last Active 8/30/05 CreditCard				Unknown
Account No. Lang Shelton 250 Riversview Carpentersville, IL 60110		X -	Other Bill patient may have credit for dental work done at All Smiles Dental				800.30
Account No. Laurie Sheriff 1388 Candlewood Dr. Crystal Lake, IL 60014		X -	Other Bill patient may have credit for dental work done at All Smiles Dental				613.99
Account No. Levin & Brend, PC 20 North Wacker Drive Chicago, IL 60606		-	10/2008-10/2009 Other Bill legal fees				112,459.73
Account No. Lindsey Martinez 24 Dellwood Ct Algonquin, IL 60102		X -	Other Bill patient credit from All Smiles Dental				445.00
Sheet no. <u>19</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							114,319.02

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Other Bill patient credit from All Smiles Dental				
Lisa Dressel 609 Plum Grove Road Apt 1B Roselle, IL 60172	X	-					359.00
Account No. xxxxxxxxxxxxxx0147			Opened 7/01/03 Last Active 5/01/04 ConventionalRealEstateMortgage				
Litton Loan Servicing Attention: Bankruptcy 4828 Loop Central Drive Houston, TX 77081	-						Unknown
Account No.			Other Bill patient credit from All Smiles Dental				
Maggie Hittie 2020 Carlisle St Algonquin, IL 60102	X	-					1,624.80
Account No. All Smiles Dental			Other Bill All Smiles Dental supplies				
Materialise Dental, Inc. 810-X Cromwell Park Drive Glen Burnie, MD 21061	X	-			X		Unknown
Account No.			6/2009-9/2009 Other Bill legal fees				
Maxwell Law Group, LLC 105 West Adams, Suite 3200 Chicago, IL 60603	-						15,625.00
Sheet no. <u>20</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							17,608.80

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx8017	X	-	Other Bill All Smiles Dental dental supplies				0.00
Medical Arts Press PO Box 37647 Philadelphia, PA 19101-0647							
Account No. xxxx7830	X	-	10/2009 Other Bill dental supplies for Algonquin Smiles				78.08
Medical Arts Press PO Box 37647 Philadelphia, PA 19101-0647							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				206.25
Michelle Banaszynski 11356 Central Park Blvd Huntley, IL 60142							
Account No.	X	-	unknown Other Bill for professional services rendered for All Smiles Dental		X		Unknown
Michelle Zmick, DDS 5246 RFD Long Grove, IL 60047-9794							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				250.00
Miguel Sanchez 20 W. Algonquin Rd. Algonquin, IL 60102							
Sheet no. <u>21</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			534.33

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				274.00
Miguel Zarate 909 Hilltop Blvd McHenry, IL 60050							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				652.00
Mike Coley 255 Columbine St Crystal Lake, IL 60014							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				456.80
Mike Tiedje 1141 Starwood Pass LITH, IL 60102							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				632.00
Missy Toynton 9543 Bristol Lane Huntley, IL 60142							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				414.00
Misty Clemons 887-3 Golf Course Road Crystal Lake, IL 60014							
Sheet no. <u>22</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			2,428.80

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			various legal fees				1,498.53
Nancy A, Summers 117 W. Slade Street, Suite 6 Palatine, IL 60067		-					
Account No. xxxxxxxxxxxx0574			Opened 8/01/96 Last Active 8/21/09 Educational				82,312.00
Nelnet Attn: Claims Po Box 17460 Denver, CO 80217		-					
Account No. xxxxxxxx-xxx6091			Other Bill All Smiles Dental postage service				Unknown
Neopost, Inc. PO Box 45800 San Francisco, CA 94145-0800	X	-					
Account No.			Other Bill patient may have credit for dental work done at All Smiles Dental				254.00
Nick Duris 2121 Orchard Lane Carpentersville, IL 60110	X	-					
Account No. xx-xx-xx-x000 4			Other Bill All Smiles Dental gas service				915.51
Nicor Gas PO Box 2020 Aurora, IL 60507-2020	X	-					
Sheet no. 23 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			84,980.04

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx-xx-xx-x000 0 Nicor Gas PO Box 0632 Aurora, IL 60507-0632			10/2009 Utility Bill current home gas service				30.15
Account No. x5375 Nobel Biocare 22715 Savi Ranch Yorba Linda, CA 92887	X	-	Other Bill All Smiles Dental implant supplies	X	X		Unknown
Account No. xx2113 Nobel Biocare USA, LLC PO Box 31001-0845 Pasadena, CA 91110-0845	X	-	9/2009 Other Bill implant supplies for Algonquin Smiles				1,198.84
Account No. xx8375 Northwest Dental Lab 6741 Castor Ave Philadelphia, PA 19149	X	-	Other Bill All Smiles Dental laboratory fees	X	X		Unknown
Account No. x6391 Orapharma, Inc. 12914 Collections Center Drive Chicago, IL 60693	X	-	Other Bill All Smiles Dental dental supplies				Unknown
Sheet no. 24 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,228.99

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx9605	X	-	Other Bill All Smiles Dental dental supplies				Unknown
Osteohealth PO Box 9147 Uniondale, NY 11555-9147							
Account No. All Smiles Dental	X	-	Other Bill All Smiles Dental signage				Unknown
Parvin Clauss Sign Company 165 Tubeway Drive Carol Stream, IL 60188							
Account No.	X	-	Other Bill patient credit from All Smiles Dental				1,144.00
Patrick Kennedy 8706 Oakwood Dr Crystal Lake, IL 60014							
Account No. xxxxxxx6770	X	-	Other Bill All Smiles Dental dental supplies				Unknown
Patterson Dental Supply, Inc. 23254 Network Place Chicago, IL 60673-1232							
Account No. xxxxxxx22 10	X	-	8/2009-10/2009 Other Bill dental supplies for Algonquin Smiles				1,553.71
Patterson Dental Supply, Inc. 23254 Network Place Chicago, IL 60673-1232							
Sheet no. <u>25</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			2,697.71

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				225.00
Peggy Schmidt 417 Cedar Street LITH, IL 60156							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				685.80
Phil Cook 173 Old Farm Road Carpentersville, IL 60110							
Account No. All Smiles Dental	X	-	Other Bill Advertising on bill board on Rt 62 Algonquin	X	X		Unknown
Phil Hellyer 6716 South Route 31 Crystal Lake, IL 60014							
Account No.	-		9/2008-10/2008 Other Bill legal fees				760.50
Polachek & Polachek 1000 hart Road, Suite 300 Barrington, IL 60010							
Account No. xxxxx2918	X	-	Other Bill All Smiles Dental dental supplies				Unknown
Proctor and Gamble PO Box 4751 Martinsville, VA 24115-4751							
Sheet no. 26 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,671.30

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				649.00
Ranata Snellen 141 Ensanada Dr. Carpentersville, IL 60110							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				258.40
Raul Quinones 11820 Niagra Lane Huntley, IL 60142							
Account No. 2039, xxx xxxxxx xxntal	X	-	Other Bill All Smiles Dental bill for gas				Unknown
RH Medical 13948 S Hoxie Burnham, IL 60633							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				1,954.70
Rick Caruso 10890 Potomac Dr. Huntley, IL 60143							
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				462.00
Rose-Anna Robles 4170 Bunker Hill Drive Algonquin, IL 60120							
Sheet no. 27 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			3,324.10

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x5201			Other Bill All Smiles Dental dental supplies				Unknown
RTI Biologics Inc. PO Box 11404 Columbia, SC 29211-1404	X	-					
Account No.			Other Bill patient credit from All Smiles Dental				439.60
Samantha Fenske 10598 Scott Drive Huntley, IL 60142	X	-					
Account No. xxxx6737			Opened 9/01/98 Last Active 8/01/04 ConventionalRealEstateMortgage				Unknown
Saxon Mortgage Sercive 4708 Mercantile Dr. North jFortworth, TX 76137		-					
Account No. xxD002			Other Bill All Smiles Dental warranty for xray equipment				Unknown
Schick 30-00 47th Avenue Long Island, NY 11101	X	-					
Account No.			Other Bill patient credit from All Smiles Dental				1,608.00
Shane Nemmers 4731 Bordeaux hr LITH, IL 60156	X	-					
Sheet no. 28 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,047.60

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				440.00
Sharon Reed 3405 Woods Creek Lane Algonquin, IL 60102							
Account No. xxxxxxxx xx1061	X	-	Other Bill All Smiles Dental debt for flu shots				Unknown
Sherman Benefit Manager PO Box 93719 Attn Pat Rosson Chicago, IL 60673-3719							
Account No. xxxxxxxx4130		-	9/2009 Medical Bill current personal health expense				150.17
Sherman Hospital 35134 Eagle Way Chicago, IL 60678-1351							
Account No. xxxxx5477	X	-	2008,2009 Other Bill dental supplies for All Smiles Dental				Unknown
Sherman Speciality Compnay 300 Jerico Quadrangle, Suite 240 Jericho, NY 11753							
Account No. All Smiles HD Jaco-A	X	-	10/2009 Other Bill advertising for Algonquin Smiles				500.00
Side Effects, Inc 259 Industrial Drive Franklin, OH 45005							
Sheet no. 29 of 33 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,090.17

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Smaiah Ali 2610 Williamsburg Dr. Algonquin, IL 60102	X	-	Other Bill patient may have credit for dental work done at All Smiles Dental				430.00
Account No. xx6119							
Smilemakers PO Box 2543 Spartanburg, SC 29304	X	-	10/2009 Other Bill dental supplies for Algonquin Smiles				53.09
Account No. xxxxxx6002							
SomerCor 504, Inc. 601 South LaSalle St., #510 Chicago, IL 60605	X	-	unknown Other Loan SBA loan for All Smiles Dental, was used to pay for the remainder of the build out at 1452 Merchant Dr.				1,509,660.36
Account No.							
State of Illinois Department of Employment Security 33 S. State Chicago, IL 60603-2802	X	-	2008 possible unpaid unemployment contributions for All Smiles Dental, P.C. employees for 2008	X	X		Unknown
Account No.							
Sue Dunn 609 Thackery Lane Fox River Grove, IL 60021	X	-	2007-2008 Other Bill patient may have credit for dental work done at All Smiles Dental				65,955.00
Sheet no. <u>30</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,576,098.45

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxx184A		-	unknown Store Card Online store card				310.92
Swiss Colony 1112 7th Avenue Monroe, WI 53566-1364							
Account No. xx7327	X	-	2008 Other Bill on hold service for All Smiles Dental				Unknown
Televox Software, Inc Department 1343 Denver, CO 80256-0001							
Account No.		-	various Legal Services-not inclusive of Chapter 7 Bankruptcy				27,641.25
The "Doc" Elliot Pollock Law Practi P.O. Box A-3220 Chicago, IL 60690-3220							
Account No. xxxx3614		-	Opened 4/01/05 Last Active 4/24/09 Automobile	X	X		Unknown
The American Natl Bk O 124 S Main St Sycamore, IL 60178							
Account No. xx xxxx0771	X	-	Other Bill 2008 workers comp for All Smiles Dental	X	X		Unknown
The Hartford 8711 University East Dr. Charlotte, NC 28213							
Sheet no. <u>31</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			27,952.17

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Timothy Stirneman, DDS 2305 Loop Road Algonquin, IL 60102		W	1/2009-10-2009 Other Bill claims in adversary case for operating expenses	X	X	X	Unknown
Account No. All Smiles Dental Triatic Mechanical Ltd. 284 Palatine Road Wheeling, IL 60090		X -	Other Bill All Smiles Dental repairs to HVAC				Unknown
Account No. Trisha Klein 621 Driftwood Lane Harvard, IL 60033		X -	Other Bill patient may have credit for dental work done at All Smiles Dental				673.00
Account No. xxxxxx7775 UBT, Adminstered by Nelnet, Inc. PO Box 2877 Omaha, NE 68103-2877		-	9/1989-5/1993 Student Loan student loan, in deferment through 9/18/2010				82,312.32
Account No. xx7787 Ultradent Products, Inc PO Box 410804 SLC, UT 84141-0804		X -	Other Bill dental supplies for All Smiles Dental				2,399.42
Sheet no. <u>32</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							85,384.74

B6F (Official Form 6F) (12/07) - Cont.

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Other Bill patient credit from All Smiles Dental				808.00
Vicki Budd 5 Edgebrook Court Algonquin, IL 60102	X	-					
Account No.			Other Bill patient credit from All Smiles Dental				508.80
Vicki Tom 1620 Farmhill Drive Algonquin, IL 60102	X	-					
Account No. All Smiles Dental			Other Bill All Smiles Dental HVAC service				786.00
Wuich Mechanical Services PO Box 187 Huntley, IL 60142	X	-					
Account No. xx4374			Other Bill All Smiles Dental supplies				Unknown
Zimmer Dental Inc. 1900 Aston Avenue Carlsbad, CA 92008-7216	X	-					
Account No.							
Sheet no. <u>33</u> of <u>33</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,102.80
							Total (Report on Summary of Schedules)
							5,652,266.32

B6G (Official Form 6G) (12/07)

In re **Audrey Marie Stirneman**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
AAA Insurance 1 Auto Club Drive Dearborn, MI 48126	Contract HOM013969392 signed 3-25-2009 expires 3-25-2010 home owners insurance contract
AAA Insurance 1 Auto Club Drive Dearborn, MI 48126	Contract AUTO21852810 signed 6-5-2009 expires 6-5-2010 auto insurance
Assurant Health PO Box 3175 Milwaukee, WI 53201-3175	Contract ST7737666 short term health insurance
AT&T PO Box 6428 Carol Stream, IL 60197-6428	Contract 278938522 signed 9-30-2007 expires 9-30-2010 cell phone contract
Bell Auto Leasing 2296 N Rand Road Palatine, IL 60074	Lessee on Lease 00010003652 car lease
Blenner Insurance 302 W. Campbell Street Arlington Heights, IL 60005-1414	Contract EDN0035167 signed 2-16-2009 expires 2-16-2012 malpractice insurance policy
Blenner Insurance 302 W Campbell Street Arlington Heights, IL 60005-1414	Contract Algonquin Smiles, PC builder's risk, property and umbrella policy for Algonquin Smiles, PC
Blenner Insurance 302 W. Campbell Street Arlington Heights, IL 60005-1414	Contract EDN0023285 signed 7-01-2008 property insurance for 1452 Merchant Drive, Algonquin, IL 60102
Great West Life Insurance PO Box 340 Denver, CO 80201	Contract 372981 signed 4-2-2009 life insurance policy
KRES Equities LLC 221 Church St Woodstock, IL 60098	Lessee on Lease All Smiles By Dr Audrey signed 9-1-2009 expires 3-31-2019 Lease is for nonresidential real property lease for the office space for Algonquin Smiles, PC
Lifetime Fitness 451 Rolls Drive Algonquin, IL 60102	Contract 103580919 gym membership

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Nicor Gas Customer Contract Dept 1E PO Box 190 Aurora, IL 60507-0190	Contract Meter no. 06NG4250659 gas service contract for Algonquin Smiles, PC with my personal guaranty
Rockenbach Chevrolet P.O. Box 309 Grayslake, IL 60030	Co-lessee with Dr. Timothy Stireman on 1999 Chevrolet Suburban
Route 31-24 Hour Self Storage 8405 Il Route 31 Cary, IL 60013	Lessee on Contract Unit for 112 Audrey Stirneman storage unit
Waste Management IL-North 22333 Route 1/3 Antioch, IL 60002	Contract algonquin smiles signed 11/3/2009 waste services for Algonquin Smiles, PC at 785 S Randall Road, Algonquin
Wells Fargo Bank, NA Map A0347-023 1200 Montego Way Walnut Creek, CA 94598	Lessee on Lease All Smiles By Dr Audrey signed 11-08-2009 expires 11-08-2014 contract for credit processing terminal with deposit services for Algonquin Smiles, PC DBA All Smiles By Dr Audrey

B6H (Official Form 6H) (12/07)

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	ADT Security Systems, Inc PO Box 371967 Pittsburgh, PA 15250-7967
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Allied Benefits Systems, Inc 208 S. LaSalle St Suite 1300 Chicago, IL 60604
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Andrews Construction 880 E. Oak St. Ste. 2 Lake in the Hills, IL 60156
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Wells Fargo Bank, NA 121 S. Market Street, 6th Floor San Jose, CA 95113-2209
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	AT&T PO Box 8100 Aurora, IL 60507-8100
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Benco Dental 11 Bear Creek Blvd. PO Box 1108 Wilkes- Barre, PA 18773-1108
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	ComEd PO Box 6111 Carol Stream, IL 60197-6111
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Denver Advertising 14 Inverness Dr. East Ste A218 Englewood, CO 80112
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Experience Dental Studio 239 North 290 West Lindon, UT 84042
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Filterfresh, Inc 1500 East Higgins Road, Unit D Elk Grove Village, IL 60007
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Henry Schein 135 Duryea Road Melville, NY 11747

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Informis, 13055 Riley Street Holland, MI 49424
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Medical Arts Press PO Box 37647 Philadelphia, PA 19101-0647
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Nobel Biocare USA, LLC PO Box 31001-0845 Pasadena, CA 91110-0845
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Patterson Dental Supply, Inc. 23254 Network Place Chicago, IL 60673-1232
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Side Effects, Inc 259 Industrial Drive Franklin, OH 45005
Algonquin Smiles, P.C. 785 S. Randall Road Algonquin, IL 60102	Smilemakers PO Box 2543 Spartanburg, SC 29304
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	DeLage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	OFC Capital Corporation 576 Colonial Park Dr., #200 Roswell, GA 30075
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Royal Bank America Leasing 550 Township Line Rd. #425 Blue Bell, PA 19422
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	US Bank Healthcare Finance Services 1310 Madrid St. #105 Marshall, MN 56258
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Abrix Group, LP 3400 Dundee Road, Suite 200 Northbrook, IL 60062
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Ace Surgical Supply 1034 Pearl Street PO Box 1710 Brockton, MA 02303
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Allied Waste Services 1330 Gasket Drive Elgin, IL 60120

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Angel Phelps 896 Bennington Crystal Lake, IL 60015
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Angie Corrado 19N175 W Woodview Parkway Hampshire, IL 60140
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Benco Dental 11 Bear Creek Blvd. PO Box 1108 Wilkes-Barre, PA 18773-1108
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Berrel Cook 258 Charlotte Ct. Cary, IL 60013
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Bob Cozza 1130 Greenridge Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Bob Rohde 325 Tecumseh Tr. Apt. 110 LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Briarwood Office Center II 1005 Alexander Ct., Unit F Cary, IL 60013
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Briarwood Office Center II, LLC 1005 Alexander Court Unit F Cary, IL 60013
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Candace Schumacher 830 Fox Run Lane Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Carbonic Gas Service, Inc. 32570 Genoa Rd. Genoa, IL 60135
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Chevy O'Brien 550 Tenby Way Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Chris McArdle 240 Terramere Lane LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Chrissy Lieber 355 Menon Drive Cary, IL 60013

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Comcast Spotlight O'Hare Plaza 1 8745 West Higgins Road, 4th Floor Chicago, IL 60631
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	ComEd PO Box 6112 Carol Stream, IL 60197-6112
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Crystal Lake Bank and Trust 70 N. Williams St. Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Dan Kowalski 1323 Cunat Court 1G LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Danielle Steinke 1760 Hartford Lane Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Dave Ryckman 157 Helm Rd Barrington, IL 60010
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	David Rooney 4731 Bordeaux dr. LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	David Schacherer 2101 Litchfield Ct LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Dental USA 5005 McCullom Lake Rd. McHenry, IL 60050
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	DEX Yellow Pages 8519 Innovation Way Chicago, IL 60682-0085
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	DirecTV Business Service Center PO Box 5392 Maimi, FL 33152-5392
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Dish Network Dept 0063 Palatine, IL 60055-0063
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Donna Armstrong-Lowe 4010 Spring Lake Ct LITH, IL 60156

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Donna Jendruczek 1127 N River Rd Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Doug Filer 3272 Oak Knoll Road Carpentersville, IL 60010
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Filterfresh, Inc 1500 East Higgins Road, Unit D Elk Grove Village, IL 60007
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Fox Valley Fire and Safety 2730 Pinnacle Drive Elgin, IL 60124
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	George Ristoff 1240 Schiedler Batavia, IL 60510
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Gisele Garcia 1301 Tyler Lane Elgin, IL 60123
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Haydee Lopriore 2921 Baldwin Lane LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Heritage Plumbing 2116 Stonington Avenue Hoffman Estates, IL 60195
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Holiday Inn 495 Airport Road Elgin, IL 60123
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Holly Krebs 11525 Heritage Lane Huntley, IL 60142
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Hubert Esser 1386 Parkridge Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Ice Mountain Water PO Box 5010 Woodland Hills, CA 91365-5010
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Ira Stroud 683 Anderson Drive LITH, IL 60156

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	James Sargent 5 Haverford Ct. Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Jeannie Flannery 630 S. Kenilworth Ave. Oak Park, IL 60304
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Jennifer Shabec 9 McKinley St LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Jerry Trevino 1041 McPhee Dr. LITH, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Jim Neutz 1007 Kennedy Dr. Kirkland, IL 60146
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	John Leonardi 110 Millard Ave Fox River Gove, IL 60021
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Jorge Gomez 210 N Cross Trail McHenry, IL 60050
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Justin Canary 210 E. Algonquin Rd Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Ken Burrows 1841 Moorland Lane Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Kenneth Louise 951 McPhee Dr. LITH, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Kent Farbelow 1114 Cherry Street LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Kim fetzer 1107 Burr St LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Kim Flanagan Algonquin, IL 60102

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Komet USA LLC 454 South Anderson Road, Suite 14 Rock Hill, SC 29730
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	KZS/Blenner Insurance Agency 302 W Campbell Arlington Heights, IL 60005
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Lang Shelton 250 Riversview Carpentersville, IL 60110
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Laurie Sheriff 1388 Candlewood Dr. Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Lindsey Martinez 24 Dellwood Ct Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Lisa Dressel 609 Plum Grove Road Apt 1B Roselle, IL 60172
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Maggie Hittie 2020 Carlisle St Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Materialise Dental, Inc. 810-X Cromwell Park Drive Glen Burnie, MD 21061
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Medical Arts Press PO Box 37647 Philadelphia, PA 19101-0647
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Michelle Banaszynski 11356 Central Park Blvd Huntley, IL 60142
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Michelle Zmick, DDS 5246 RFD Long Grove, IL 60047-9794
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Miguel Sanchez 20 W. Algonquin Rd. Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Miguel Zarate 909 Hilltop Blvd McHenry, IL 60050

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Mike Coley 255 Columbine St Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Mike Tiedje 1141 Starwood Pass LITH, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Missy Toynton 9543 Bristol Lane Huntley, IL 60142
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Misty Clemons 887-3 Golf Course Road Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Neopost, Inc. PO Box 45800 San Francisco, CA 94145-0800
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Nick Duris 2121 Orchard Lane Carpentersville, IL 60110
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Nicor Gas PO Box 2020 Aurora, IL 60507-2020
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Nobel Biocare 22715 Savi Ranch Yorba Linda, CA 92887
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Northwest Dental Lab 6741 Castor Ave Philadelphia, PA 19149
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Orapharma, Inc. 12914 Collections Center Drive Chicago, IL 60693
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Osteohealth PO Box 9147 Uniondale, NY 11555-9147
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Parvin Clauss Sign Company 165 Tubeway Drive Carol Stream, IL 60188
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Patrick Kennedy 8706 Oakwood Dr Crystal Lake, IL 60014

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Patterson Dental Supply, Inc. 23254 Network Place Chicago, IL 60673-1232
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Peggy Schmidt 417 Cedar Street LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Phil Cook 173 Old Farm Road Carpentersville, IL 60110
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Phil Hellyer 6716 South Route 31 Crystal Lake, IL 60014
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Proctor and Gamble PO Box 4751 Martinsville, VA 24115-4751
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Ranata Snellen 141 Ensanada Dr. Carpentersville, IL 60110
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Raul Quinones 11820 Niagra Lane Huntley, IL 60142
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	RH Medical 13948 S Hoxie Burnham, IL 60633
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Rick Caruso 10890 Potomac Dr. Huntley, IL 60143
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Rose-Anna Robles 4170 Bunker Hill Drive Algonquin, IL 60120
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	RTI Biologics Inc. PO Box 11404 Columbia, SC 29211-1404
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Samantha Fenske 10598 Scott Drive Huntley, IL 60142
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Schick 30-00 47th Avenue Long Island, NY 11101

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Shane Nemmers 4731 Bordeaux hr LITH, IL 60156
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Sharon Reed 3405 Woods Creek Lane Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Sherman Benefit Manager PO Box 93719 Attn Pat Rosson Chicago, IL 60673-3719
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Sherman Speciality Compnay 300 Jerico Quadrangle, Suite 240 Jericho, NY 11753
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Smaiah Ali 2610 Williamsburg Dr. Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	SomerCor 504, Inc. 601 South LaSalle St., #510 Chicago, IL 60605
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Sue Dunn 609 Thackery Lane Fox River Grove, IL 60021
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Televox Software, Inc Department 1343 Denver, CO 80256-0001
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	The Hartford 8711 University East Dr. Charlotte, NC 28213
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Triatic Mechanical Ltd. 284 Palatine Road Wheeling, IL 60090
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Trisha Klein 621 Driftwood Lane Harvard, IL 60033
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Ultradent Products, Inc PO Box 410804 SLC, UT 84141-0804
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Vicki Budd 5 Edgebrook Court Algonquin, IL 60102

In re Audrey Marie Stirneman, Debtor Case No. _____

SCHEDULE H - CODEBTORS (Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Vicki Tom 1620 Farmhill Drive Algonquin, IL 60102
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Wuich Mechanical Services PO Box 187 Huntley, IL 60142
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Zimmer Dental Inc. 1900 Aston Avenue Carlsbad, CA 92008-7216
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	Department of Treasury Internal Revenue Service Cincinnati, OH 45999-0005
All Smiles Dental, P.C. 1452 Merchant Drive Algonquin, IL 60102	State of Illinois Department of Employment Security 33 S. State Chicago, IL 60603-2802
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Charter One Bank 1215 Superior Ave. Cleveland, OH 44114-3299
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	American National Bank of DeKalb County 124 South Main Street Sycamore, IL 60178
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	DVCMC Association Manager PO Box 277090 Atlanta, GA 30384
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	DeLage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	OFC Capital Corporation 576 Colonial Park Dr., #200 Roswell, GA 30075
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Royal Bank America Leasing 550 Township Line Rd. #425 Blue Bell, PA 19422
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	US Bank Healthcare Finance Services 1310 Madrid St. #105 Marshall, MN 56258
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Illinois Department of Revenue PO Box 19006 Springfield, IL 62794-9006

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Illinois Department of Revenue PO Box 19006 Springfield, IL 62794-9006
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Internal Revenue Service PO Box 9019 Holtsville, NY 11742-9019
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Internal Revenue Service PO Box 9019 Holtsville, NY 11742-9019
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Internal Revenue Service Cincinnati, OH 45999-0039
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Internal Revenue Service Cincinnati, OH 45999-0039
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	McHenry County Treasurer Government Center 2200 N. Seminary Avenue Woodstock, IL 60098
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Abrix Group, LP 3400 Dundee Road, Suite 200 Northbrook, IL 60062
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Ace Surgical Supply 1034 Pearl Street PO Box 1710 Brockton, MA 02303
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Allied Waste Services 1330 Gasket Drive Elgin, IL 60120
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Angel Phelps 896 Bennington Crystal Lake, IL 60015
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Angie Corrado 19N175 W Woodview Parkway Hampshire, IL 60140
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Benco Dental 11 Bear Creek Blvd. PO Box 1108 Wilkes-Barre, PA 18773-1108

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Berrel Cook 258 Charlotte Ct. Cary, IL 60013
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Bob Cozza 1130 Greenridge Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Bob Rohde 325 Tecumseh Tr. Apt. 110 LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Briarwood Office Center II 1005 Alexander Ct., Unit F Cary, IL 60013
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Briarwood Office Center II, LLC 1005 Alexander Court Unit F Cary, IL 60013
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Broadview Security PO Box 70834 Charlotte, NC 28272-0834
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Candace Schumacher 830 Fox Run Lane Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Carbonic Gas Service, Inc. 32570 Genoa Rd. Genoa, IL 60135
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Charter One Bank 1215 Superior Ave. Cleveland, OH 44114-3299
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Chevy O'Brien 550 Tenby Way Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Chris McArdle 240 Terramere Lane LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Chrissy Lieber 355 Menon Drive Cary, IL 60013
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Comcast Spotlight O'Hare Plaza 1 8745 West Higgins Road, 4th Floor Chicago, IL 60631

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	ComEd PO Box 6112 Carol Stream, IL 60197-6112
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Crystal Lake Bank and Trust 70 N. Williams St. Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Dan Kowalski 1323 Cunat Court 1G LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Danielle Steinke 1760 Hartford Lane Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Dave Ryckman 157 Helm Rd Barrington, IL 60010
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	David Rooney 4731 Bordeaux dr. LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	David Schacherer 2101 Litchfield Ct LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Dental USA 5005 McCullom Lake Rd. McHenry, IL 60050
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	DEX Yellow Pages 8519 Innovation Way Chicago, IL 60682-0085
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	DirecTV Business Service Center PO Box 5392 Maimi, FL 33152-5392
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Dish Network Dept 0063 Palatine, IL 60055-0063
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Donna Armstrong-Lowe 4010 Spring Lake Ct LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Donna Jendruczek 1127 N River Rd Algonquin, IL 60102

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Doug Filer 3272 Oak Knoll Road Carpentersville, IL 60010
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	FGMK, LLC 2801 Lakeside Drive, Third Floor Bannockburn, IL 60015
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Filterfresh, Inc 1500 East Higgins Road, Unit D Elk Grove Village, IL 60007
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Fox Valley Fire and Safety 2730 Pinnacle Drive Elgin, IL 60124
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	George Ristoff 1240 Schiedler Batavia, IL 60510
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Gisele Garcia 1301 Tyler Lane Elgin, IL 60123
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Haydee Lopriore 2921 Baldwin Lane LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Heritage Plumbing 2116 Stonington Avenue Hoffman Estates, IL 60195
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Holiday Inn 495 Airport Road Elgin, IL 60123
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Holly Krebs 11525 Heritage Lane Huntley, IL 60142
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Hubert Esser 1386 Parkridge Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Ice Mountain Water PO Box 5010 Woodland Hills, CA 91365-5010
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Ira Stroud 683 Anderson Drive LITH, IL 60156

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	James Sargent 5 Haverford Ct. Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Jeannie Flannery 630 S. Kenilworth Ave. Oak Park, IL 60304
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Jennifer Shabec 9 McKinley St LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Jerry Trevino 1041 McPhee Dr. LITH, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Jim Neutz 1007 Kennedy Dr. Kirkland, IL 60146
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	John Leonardi 110 Millard Ave Fox River Gove, IL 60021
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Jorge Gomez 210 N Cross Trail McHenry, IL 60050
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Justin Canary 210 E. Algonquin Rd Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Ken Burrows 1841 Moorland Lane Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Ken Stirneman 4726 Monterey Drive Winter Haven, FL 33880
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Kenneth Louise 951 McPhee Dr. LITH, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Kent Farbelow 1114 Cherry Street LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Kim fetzer 1107 Burr St LITH, IL 60156

In re Audrey Marie Stirneman Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Kim Flanagan Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Komet USA LLC 454 South Anderson Road, Suite 14 Rock Hill, SC 29730
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	KZS/Blenner Insurance Agency 302 W Campbell Arlington Heights, IL 60005
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Lang Shelton 250 Riversview Carpentersville, IL 60110
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Laurie Sheriff 1388 Candlewood Dr. Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Lindsey Martinez 24 Dellwood Ct Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Lisa Dressel 609 Plum Grove Road Apt 1B Roselle, IL 60172
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Maggie Hittie 2020 Carlisle St Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Materialise Dental, Inc. 810-X Cromwell Park Drive Glen Burnie, MD 21061
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Medical Arts Press PO Box 37647 Philadelphia, PA 19101-0647
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Michelle Banaszynski 11356 Central Park Blvd Huntley, IL 60142
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Michelle Zmick, DDS 5246 RFD Long Grove, IL 60047-9794
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Miguel Sanchez 20 W. Algonquin Rd. Algonquin, IL 60102

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Miguel Zarate 909 Hilltop Blvd McHenry, IL 60050
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Mike Coley 255 Columbine St Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Mike Tiedje 1141 Starwood Pass LITH, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Missy Toynton 9543 Bristol Lane Huntley, IL 60142
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Misty Clemons 887-3 Golf Course Road Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Neopost, Inc. PO Box 45800 San Francisco, CA 94145-0800
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Nick Duris 2121 Orchard Lane Carpentersville, IL 60110
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Nicor Gas PO Box 2020 Aurora, IL 60507-2020
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Nobel Biocare 22715 Savi Ranch Yorba Linda, CA 92887
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Northwest Dental Lab 6741 Castor Ave Philadelphia, PA 19149
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Orapharma, Inc. 12914 Collections Center Drive Chicago, IL 60693
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Osteohealth PO Box 9147 Uniondale, NY 11555-9147
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Parvin Clauss Sign Company 165 Tubeway Drive Carol Stream, IL 60188

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Patrick Kennedy 8706 Oakwood Dr Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Patterson Dental Supply, Inc. 23254 Network Place Chicago, IL 60673-1232
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Peggy Schmidt 417 Cedar Street LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Phil Cook 173 Old Farm Road Carpentersville, IL 60110
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Phil Hellyer 6716 South Route 31 Crystal Lake, IL 60014
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Proctor and Gamble PO Box 4751 Martinsville, VA 24115-4751
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Ranata Snellen 141 Ensanada Dr. Carpentersville, IL 60110
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Raul Quinones 11820 Niagara Lane Huntley, IL 60142
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	RH Medical 13948 S Hoxie Burnham, IL 60633
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Rick Caruso 10890 Potomac Dr. Huntley, IL 60143
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Rose-Anna Robles 4170 Bunker Hill Drive Algonquin, IL 60120
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	RTI Biologics Inc. PO Box 11404 Columbia, SC 29211-1404
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Samantha Fenske 10598 Scott Drive Huntley, IL 60142

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Schick 30-00 47th Avenue Long Island, NY 11101
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Shane Nemmers 4731 Bordeaux hr LITH, IL 60156
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Sharon Reed 3405 Woods Creek Lane Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Sherman Benefit Manager PO Box 93719 Attn Pat Rosson Chicago, IL 60673-3719
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Sherman Speciality Compnay 300 Jerico Quadrangle, Suite 240 Jericho, NY 11753
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Smaiah Ali 2610 Williamsburg Dr. Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	SomerCor 504, Inc. 601 South LaSalle St., #510 Chicago, IL 60605
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Sue Dunn 609 Thackery Lane Fox River Grove, IL 60021
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Televox Software, Inc Department 1343 Denver, CO 80256-0001
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	The Hartford 8711 University East Dr. Charlotte, NC 28213
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Triatic Mechanical Ltd. 284 Palatine Road Wheeling, IL 60090
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Trisha Klein 621 Driftwood Lane Harvard, IL 60033
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Ultradent Products, Inc PO Box 410804 SLC, UT 84141-0804

In re Audrey Marie Stirneman, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Vicki Budd 5 Edgebrook Court Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Vicki Tom 1620 Farmhill Drive Algonquin, IL 60102
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Wuich Mechanical Services PO Box 187 Huntley, IL 60142
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Zimmer Dental Inc. 1900 Aston Avenue Carlsbad, CA 92008-7216
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	Department of Treasury Internal Revenue Service Cincinnati, OH 45999-0005
Dr. Timothy Stirneman 1452 Merchant Drive Algonquin, IL 60102	State of Illinois Department of Employment Security 33 S. State Chicago, IL 60603-2802
George Sims 113 Boulder Drive Lake in the Hills, IL 60156	Toyota Financial Services P.O. Box 8026 Cedar Rapids, IA 52409-8026
T & A Holdings, LLC 1452 Merchant Drive Algonquin, IL 60102	Charter One Bank 1215 Superior Ave. Cleveland, OH 44114-3299
T & A Holdings, LLC 1452 Merchant Drive Algonquin, IL 60102	Charter One Bank 1215 Superior Ave. Cleveland, OH 44114-3299

B6I (Official Form 6I) (12/07)

In re **Audrey Marie Stirneman**

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Separated	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): None.	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Dentist	
Name of Employer	Algonquin Smiles, P.C.	
How long employed	11 months	
Address of Employer	2413 W. Algonquin Road, #514 Algonquin, IL 60102	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 1,136.36	\$ N/A
\$ 0.00	\$ N/A

3. SUBTOTAL

\$ 1,136.36	\$ N/A
--------------------	---------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify): _____

\$ 350.01	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 350.01	\$ N/A
------------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 786.35	\$ N/A
------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify): _____

\$ 4,148.25	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

12. Pension or retirement income
13. Other monthly income (Specify): _____

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 4,148.25	\$ N/A
--------------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 4,934.60	\$ N/A
--------------------	---------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 4,934.60	
--------------------	--

(Report also on Summary of Schedules and, if applicable, on
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Case No.

- | | | | |
|----|---|----|------------------|
| a. | Average monthly income from Line 15 of Schedule I | \$ | <u>4,934.60</u> |
| b. | Average monthly expenses from Line 18 above | \$ | <u>7,602.00</u> |
| c. | Monthly net income (a. minus b.) | \$ | <u>-2,667.40</u> |

B6J (Official Form 6J) (12/07)

In re **Audrey Marie Stirneman**

Case No. _____

Debtor(s) _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Utility Expenditures:

Comcast cable	\$	85.00
Terminix pest control	\$	107.00
Waste Management	\$	25.00
Broadview Home Security	\$	30.00
Total Other Utility Expenditures	\$	247.00

Other Expenditures:

Fitness Club	\$	60.00
Beauty products and personal	\$	150.00
Cat and fish	\$	75.00
Storage Shed	\$	85.00
Gifts	\$	10.00
Total Other Expenditures	\$	380.00

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Audrey Marie Stirneman**

Debtor(s)

Case No.

Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **75** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 24, 2009**

Signature **/s/ Audrey Marie Stirneman**

Audrey Marie Stirneman

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (12/07)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Audrey Marie Stirneman**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$61,980.50	2009 year to date income
\$100,046.00	2008 income
\$175,744.00	2007 joint income with Dr. Timothy Stireman

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Wells Fargo Home Mortgage PO Box 5296 Carol Stream, IL 60197-5296	9-25-09	\$1,940.24	\$0.00
Wells Fargo Home Mortgage PO Box 5296 Carol Stream, IL 60197-5296	10-6-09	\$1,850.71	\$0.00
Wells Fargo Bank, NA PO Box 54780 Los Angeles, CA 90054-0780	10-9-09	\$540.36	\$0.00
The "Doc" Elliot Pollock Law Practice P.O. Box A-3220 Chicago, IL 60690-3220	9-25-09	\$7,500.00	\$27,641.25
AAA Insurance 1 Auto Club Drive Dearborn, MI 48126	10-6-09	\$633.00	\$1,251.00
Just in Time Pool and Spa PO Box 5251 Oak Brook, IL 60522-5251	8-31-09	\$815.49	\$0.00
the care of trees 8733 Ridgely Road Crystal Lake, IL 60012-2715	9-11-09	\$945.00	\$0.00
Wells Fargo Bank, NA PO Box 5296 Carol Stream, IL 60197-5296	11-20-2009	\$1,940.24	\$0.00

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Well Fargo Bank, NA P.O. Box 54780 Los Angeles, CA 90054-0780	11-2009	\$540.00	\$0.00

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
RBS Citizens Bank NA vs. T&A Holdings, LLC, All Smiles Dental LLC, Timothy Stirneman, Audrey Stirneman, U.S. Small Business Administration, Briarwood Center LLC, Briarwood Master Association, Briarwood Office Center Two Condominium Assn, Unknown Owners and Non Record Claimants 08 CH 1497	foreclosure	State of IL 22nd Judicial Circuit Court McHenry County	motion for entry of default order and judgment for foreclosure and sale granted
In re Timothy Stirneman: Timothy Stirneman vs. Audrey Stirneman 09-AP-00556	adversary proceeding in a bankruptcy case	US Bankruptcy Court Northern District of Illinois	pre-trial
OFC Capiotal Corp vs. Audrey Stireman, All Smiles Dental, P.C. 09 LA 322	writ of replevin	State of IL 22nd Judicial Circuit Court McHenry County	continued until Dec
Lyons Financial Services, INC. d/b/a US Bancorp Business Equipment Finance Group vs. All Smiles Dental, P.C. and Audrey Stirneman 09-C-6117	failure to pay for equipment	United States District Court Northern District of IL	continued
Audrey Stireman vs. Timothy Stirneman 08 DV 415	divorce	22nd Judicial Court McHenry County	continued, trial set for 10-2010
Timothy Stirneman and All Smiles Dental, P.C. vs. Audrey Stirneman 08 CH 37220	chancery	Circuit Court of Cook County IL Cook County IL	continued since the plaintiff went into bankruptcy can filed an adversary complaint against me in that court

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
The "Doc" Elliot Pollock Law Practice P.O. Box A-3220 Chicago, IL 60690-3220	11-14-09	1000.00

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Wachovia Bank n/k/a Wells Fargo Bank, NA 121 S. Market Street, 6th Floor San Jose, CA 95113-2209 lender	10-9-09	\$71,000 deposit on construction loan for build out of new office space. Funds have already been disbursed to contractors for completed work

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
All Smiles Dental, P.C.	36-4014154	1452 Merchant Drive Algonquin, IL 60102	Professional Corporation engaged in dentistry with Dr. Timothy Stirneman as 40% shareholder and debtor as 60% shareholder	3/1995 to present
Algonquin Smiles, P.C.	26-3947859	675 S. Randall Road Algonquin, IL 60102	Professional Corporation for dentistry; debtor is sole dentist and 100% shareholder	12/28/08 to present

None

- ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Laura Goodman 2801 Lakeside Drive, 3rd Floor Bannockburn, IL 60015	2007-present

None

- ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
None <input checked="" type="checkbox"/>	c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.	

NAME	ADDRESS
None <input type="checkbox"/>	d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
Wells Fargo Bank, NA 121 S. Market Street, 6th Floor San Jose, CA 95113-2209	5-30-09
Banco Popular 606 Milwaukee Avenue Prospect Heights, IL 60070	3-28-09
Bankers Healthcare Group, Inc. 4875 Volunteerr Road, Suite 100 Fort Lauderdale, FL 33330	8-20-09
Doctorfunds.com 5419 N. Sheridan Road Chicago, IL 60640	3-28-09
Henry Schein Financial Group, Inc. 135 Duryea Road Melville, NY 11747	3-28-09
Matsco 2000 Powell Street 4th Fl Emeryville, CA 94608	3-28-09
Promed Financial 14742 Newport Ave # 209 Tustin, CA 92780	3-28-09

20. Inventories

None
☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None
☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

None
☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date <u>November 24, 2009</u>	Signature <u>/s/ Audrey Marie Stirneman</u> Audrey Marie Stirneman Debtor
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Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Audrey Marie Stirneman**

Debtor(s)

Case No.

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: DVCMC Association Manager	Describe Property Securing Debt: Other: Disney vacation time share at Saratoga Springs Resort, Disney World, FL Location: Disney Vacation Development, Inc. 200 Celebration Place Celebration, FL 34747 Owned jointly with Dr. Timothy Stirneman
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Toyota Financial Services	Describe Property Securing Debt: 2009 Toyota Rav 4
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

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Page 2

Property No. 3	
Creditor's Name: Wells Fargo Bank, NA	Describe Property Securing Debt: Residence: single family home Location: 300 Buckingham Dr. Algonquin, IL 60102
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 4	
Creditor's Name: Wells Fargo Bank, NA	Describe Property Securing Debt: loan for dental practice d/b/a Algonquin Smiles, P.C.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

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Page 3

Property No. 5	
Creditor's Name: Wells Fargo Home Mortgage	Describe Property Securing Debt: Residence: single family home Location: 300 Buckingham Dr. Algonquin, IL 60102
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Great West Life Insurance	Describe Leased Property: Contract 372981 signed 4-2-2009 life insurance policy	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date November 24, 2009

Signature /s/ Audrey Marie Stirneman
Audrey Marie Stirneman
 Debtor

United States Bankruptcy Court
Northern District of Illinois

In re Audrey Marie Stirneman

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,000.00</u>
Prior to the filing of this statement I have received	\$	<u>1,000.00</u>
Balance Due	\$	<u>2,000.00</u>

2. \$ 299.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, litigation involving exemptions, or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: November 24, 2009

/s/ "Doc" Elliot Pollock

"Doc" Elliot Pollock

The "Doc" Elliot Pollock Law Practice

P.O. Box A-3220

Chicago, IL 60690-3220

312 357 1860 Fax: 312 357 6765

pollocklaw@sbcglobal.net

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

"Doc" Elliot Pollock

Printed Name of Attorney

Address:

P.O. Box A-3220

Chicago, IL 60690-3220

312 357 1860

pollocklaw@sbcglobal.net

X **/s/ "Doc" Elliot Pollock**

Signature of Attorney

November 24, 2009

Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Audrey Marie Stirneman

Printed Name(s) of Debtor(s)

X **/s/ Audrey Marie Stirneman**

Signature of Debtor

November 24, 2009

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **Audrey Marie Stirneman**
Debtor(s)

Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **471**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **November 24, 2009**

/s/ Audrey Marie Stirneman
Audrey Marie Stirneman
Signature of Debtor

AAA Insurance
PO Box 660830
Dallas, TX 75266-0830

AAA Insurance
1 Auto Club Drive
Dearborn, MI 48126

AAA Insurance
1 Auto Club Drive
Dearborn, MI 48126

Abrix Group, LP
3400 Dundee Road, Suite 200
Northbrook, IL 60062

Ace Surgical Supply
1034 Pearl Street
PO Box 1710
Brockton, MA 02303

ADR Systems
123 W. Madison, 22nd Floor
Chicago, IL 60602

ADT Security Systems, Inc
PO Box 371967
Pittsburgh, PA 15250-7967

Algonquin Smiles, P.C.
785 S. Randall Road
Algonquin, IL 60102

Algonquin Smiles, P.C.
785 S. Randall Road
Algonquin, IL 60102

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Allied Benefits Systems, Inc
208 S. LaSalle St
Suite 1300
Chicago, IL 60604

Allied Waste Services
1330 Gasket Drive
Elgin, IL 60120

American National Bank of DeKalb County
124 South Main Street
Sycamore, IL 60178

Andrews Construction
880 E. Oak St. Ste. 2
Lake in the Hills, IL 60156

Angel Phelps
896 Bennington
Crystal Lake, IL 60015

Angie Corrado
19N175 W Woodview Parkway
Hampshire, IL 60140

Assurant Health
PO Box 3175
Milwaukee, WI 53201-3175

AT&T
PO Box 8100
Aurora, IL 60507-8100

AT&T
PO Box 6428
Carol Stream, IL 60197-6428

AT&T
PO Box 8100
Aurora, IL 60507-8100

AT&T
PO Box 6428
Carol Stream, IL 60197-6428

Bank of America
PO Box 15026
Willmington, DE 19850-5026

Bell Auto Leasing
2296 N Rand Road
Palatine, IL 60074

Benco Dental
11 Bear Creek Blvd.
PO Box 1108
Wilkes-Barre, PA 18773-1108

Benco Dental
11 Bear Creek Blvd.
PO Box 1108
Wilkes- Barre, PA 18773-1108

Berrel Cook
258 Charlotte Ct.
Cary, IL 60013

Blenner Insurance
302 W. Campbell Street
Arlington Heights, IL 60005-1414

Blenner Insurance
302 W Campbell Street
Arlington Heights, IL 60005-1414

Blenner Insurance
302 W. Campbell Street
Arlington Heights, IL 60005-1414

Bob Cozza
1130 Greenridge
Algonquin, IL 60102

Bob Rohde
325 Tecumseh Tr. Apt. 110
LITH, IL 60156

Briarwood Office Center II
1005 Alexander Ct., Unit F
Cary, IL 60013

Briarwood Office Center II, LLC
1005 Alexander Court Unit F
Cary, IL 60013

Briarwood Office Center Master Asso
1005 Alexander Ct., Unit F
Cary, IL 60013

Broadview Security
PO Box 70834
Charlotte, NC 28272-0834

Bush & Heise
1300 S. Grove Ave.
Suite 104-A
Barrington, IL 60010

Candace Schumacher
830 Fox Run Lane
Algonquin, IL 60102

Capital 1 Bank
Attn: C/O TSYS Debt Management
Po Box 5155
Norcross, GA 30091

Capital 1 Bank
Attn: C/O TSYS Debt Management
Po Box 5155
Norcross, GA 30091

Capital One
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One
PO Box 30285
Salt Lake City, UT 84130-0285

Carbonic Gas Service, Inc.
32570 Genoa Rd.
Genoa, IL 60135

Charter One Bank
1215 Superior Ave.
Cleveland, OH 44114-3299

Charter One Bank
1215 Superior Ave.
Cleveland, OH 44114-3299

Chevy O'Brien
550 Tenby Way
Algonquin, IL 60102

Chicago Tribune
PO Box 900157
Louisville, KY 40290-1157

Chris McArdle
240 Terramere Lane
LITH, IL 60156

Chrissy Lieber
355 Menon Drive
Cary, IL 60013

Comcast Cable
PO Box 3001
Southeastern, PA 19398-3001

Comcast Spotlight
O'Hare Plaza 1
8745 West Higgins Road, 4th Floor
Chicago, IL 60631

ComEd
PO Box 6112
Carol Stream, IL 60197-6112

ComEd
PO Box 6111
Carol Stream, IL 60197-6111

ComEd
PO Box 6111
Carol Stream, IL 60197-6111

Crystal Lake Bank and Trust
70 N. Williams St.
Crystal Lake, IL 60014

Dan Kowalski
1323 Cunat Court 1G
LITH, IL 60156

Danielle Steinke
1760 Hartford Lane
Crystal Lake, IL 60014

Dave Ryckman
157 Helm Rd
Barrington, IL 60010

David Rooney
4731 Bordeaux dr.
LITH, IL 60156

David Schacherer
2101 Litchfield Ct
LITH, IL 60156

DeLage Landen Financial Services, Inc.
1111 Old Eagle School Road
Wayne, PA 19087

Dental USA
5005 McCullom Lake Rd.
McHenry, IL 60050

Denver Advertising
14 Inverness Dr. East Ste A218
Englewood, CO 80112

Department of Treasury
Internal Revenue Service
Cincinnati, OH 45999-0005

DEX Yellow Pages
8519 Innovation Way
Chicago, IL 60682-0085

DirectTV
Business Service Center
PO Box 5392
Maimi, FL 33152-5392

Dish Network
Dept 0063
Palatine, IL 60055-0063

Donna Armstrong-Lowe
4010 Spring Lake Ct
LITH, IL 60156

Donna Jendruczek
1127 N River Rd
Algonquin, IL 60102

Doug Filer
3272 Oak Knoll Road
Carpentersville, IL 60010

Dr. Timothy Stirneman
1452 Merchant Drive
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